

INSURANCE PROPOSAL FORM FOR (HIRERS AND) ADDITIONAL DRIVERS

FULL NAME _____

Date of Birth:	
Permanent Address:	
Telephone number:	
Occupation:	
Driving Licence Number:	
Expiry Date:	
Number of years full licence held:	
Secondary ID:	
Credit Card type:	
Card Number:	
Expiry Date:	Authority Code:
Postcode:	House Number:

N.B. Hirers will be responsible for **all costs** due to running out of fuel/wrong fuel used; flat battery due to driver error and other preventable faults.

DECLARATION:

I declare that the information given above is to the best of my knowledge and belief correct and complete in every detail and this declaration shall together with the Rental Agreement form the basis of the contract of insurance.

Signature

Date

Have you had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any motor insurer? If so please give details.	Answer Yes/No <input style="width: 80%; height: 40px;" type="checkbox"/>								
Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is any prosecution pending? If so please give details.	<input style="width: 80%; height: 40px;" type="checkbox"/>								
Have you had any accidents and/or claims in the past 5 years? If so complete below.	<input style="width: 80%; height: 40px;" type="checkbox"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">No. of Claims</th> <th style="width: 20%;">Amount own Damage</th> <th style="width: 20%;">Third Party</th> <th style="width: 45%;">Outstanding Claim</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Claims	Amount own Damage	Third Party	Outstanding Claim					<input style="width: 80%; height: 40px;" type="checkbox"/>
No. of Claims	Amount own Damage	Third Party	Outstanding Claim						
Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint? If so, please give details.	<input style="width: 80%; height: 40px;" type="checkbox"/>								

VERY IMPORTANT

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this form.

Failure to disclose all relevant facts may invalidate this insurance or may result in the policy not operating fully. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance.